Exhibit 4

IN THE CIRCUIT COURT

FOR BALTIMORE COUNTY, MARYLAND

JEFF ALBAN, et al,

Plaintiffs

VERSUS CASE No. 03-C-06-010932

EXXONMOBIL CORPORATION, et al,

Defendant

* * * * * * *

October 22, 2008

REPORTER'S OFFICIAL TRANSCRIPT OF PROCEEDINGS

(Trial)

BEFORE:

HONORABLE MAURICE W. BALDWIN, JR., ASSOCIATE JUDGE

REPORTED BY:

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APPEARANCES:

ON BEHALF OF THE PLAINTIFFS:

STEPHEN SNYDER, ESQUIRE
ROBERT J. WELTCHEK, ESQUIRE
SCOTT SNYDER, ESQUIRE
MICHAEL SNYDER, ESQUIRE
TOMEKA CHURCH, ESQUIRE
JASON A. L. TIMOLL, ESQUIRE

ON BEHALF OF THE DEFENDANTS:

JAMES F. SANDERS, ESQUIRE
WILLIAM STACK, ESQUIRE
ANDREW GENDRON, ESQUIRE
C. CAREY DEELEY, ESQUIRE
CARLOS BOLLAR, ESQUIRE

BALTIMORE COUNTY CIRCUIT COURT

(WHEREUPON, the jury entered the courtroom.)

I'm sure. That is all I have, Your Honor. It may take me a minute, Mr. Stack, to move my stuff.

MR. STACK: Okay.

THE COURT: Mr. Stack.

MR. STACK: Give me one moment. I'm going to do a little housekeeping if I may.

THE COURT: Sure.

MR. WELTCHEK: All yours.

MR. STACK: Thanks.

CROSS EXAMINATION

BY MR. STACK:

Q. Good morning, Dr. Rudo. How are you today?

A. Good morning. It is good to see you again. I hope I can say that several hours from now.

Q. It is always a pleasure to see you, doctor.

A. Same here.

Q. There are several subjects that I want to discuss with you today. I will ask the gentleman in charge of video, Mr. Ramsmeyer, to bring up HR 1. Pardon me. KR 1. They are quite a few topics which I anticipated your discussing. You did in fact discuss virtually all of them. And those topics would include generally science of toxicology and some of the specific toxicology of MTBE and you're prepared to talk about that one, correct?

A. Yes, sir.

Q. Exposure assessments in dose analysis. Two

other concepts, general causation and specific causation, which were not necessarily called out but certainly alluded to in your testimony, would you agree?

A. Yes, sir.

Q. And talking about background contamination,

which is something that wasn't mentioned, specifically the process of risk assessments, then what you did in this case. And then I want to talk about something that we didn't talk about in the context of your direct testimony but nonetheless you alluded to and that is plaintiffs' exposure and exposure is through three different routes: You mentioned them but in the field of toxicology, I think you agree with me, we look at ingestion, which in this case would be drinking the water, am I correct?

A. Yes, sir.

Q. We look at inhalation, which would be breathing volatile vapors of any of the contaminants in the water which might be encountered when water volatilizes the chemical through either dermal or physical processes, am I correct?

A. Yes, sir.

Q. And then the last one would be dermal contact, am I correct?

A. Yes.

Q. And certainly all of these have been studied

A. To a certain degree. And when you are talking about fatal, you are talking about, you know, a dose that is a lethal dose and it also has to take into account the fact that people are going to react to a drug like Tomoxafin or the chemicals that we are talking about in different ways.

Q. And with respect to the variability of reactions, you just have a generalized qualitative opinion in this case that any exposure to any amount, irrespective of how the plaintiffs may vary, that that is creating a risk for each of the plaintiffs, right?

A. Yes.

Q. And without regard to how long the exposure may have been or how much the exposure may have been, any exposure is enough, am I correct?

A. That is actually a position that the EPA takes, too.

Q. And but it is your position in this case that every one of the plaintiffs are at risk, irrespective of how long or how much of a particular chemical that they may have been exposed to in their water?

A. Yes, it does increase their risk, yes, sir.

Q. Now, you base your opinion on this fact that you believe MTBE is a probable human carcinogen, correct?

A. Yes, sir.

Q. And you also base it on the animal studies and

the three studies which you didn't mention, there is one by Dr. Burleigh-Flayer?

A. Yes.

Q. And Burleigh-Flayer did one of the inhalation studies, am I correct?

A. Yes.

Q. And she is a reputable scientist, of some renown, right?

A. I'm not familiar with her reputation but familiar with the studies.

Q. And the other study was done by Dr. Chun, that is the other one of the three studies?

A. Yes. In fact, they worked together on both of those studies.

Q. And with respect to the last study, that is

the one that was done by Dr. Belpoggi, am I correct?

A. Yes.

Q. And so we are clear and the jury is clear, the two studies by Chun and Burleigh Flayer, those were inhalation studies, am I correct?

A. Yes, sir.

Q. And the study by Dr. Belpoggi was a gavage study, correct?

A. Correct.

Q. And gavage study means they put a feeding tube down some poor little rat's throat and force feeding them with a mineral oil based substance that has MTBE

in it, correct?

A. Yes, sir.

Q. And with regard to the dosages that were administered to those rats in this gavage study, they did a dosage based on how many kilogram of body weight, am I correct?

A. Yes.

Q. Can you extrapolate from that and tell the jury in this case how much MTBE a human being would have to ingest to have the same effects that the rats had in the Belpoggi study?

A. I think you are talking about two completely different things here. You might want to rephrase the

question in terms of the animal studies. When we do animal studies for cancer, they are generally considered to be high dose studies.

Q. Mega dose is what they are called, am I correct?

A. No. Never seen that term used.

Q. Never seen that term?

A. They are high.

Q. Can you answer the question? Can you --

MR. WELTCHEK: He was answering. He cut him off.

MR. STACK: Nonresponsive.

MR. WELTCHEK: I object.

THE COURT: Have you finished your answer yet?

THE WITNESS: No, sir.

THE COURT: Go ahead.

THE WITNESS: The animal studies are considered high dose studies. And the reason that they use high dose studies in animals is because they really want to try to make sure that they can determine and see clearly any effects that they have.

Part of the process is that the levels in animals are extrapolated in terms of risk, not in terms of dose to the animal and dose to the human in terms of what you would see in comparison to the animal. We

don't do that. That is not done in toxicology. You can have an expert that can sit down and say this is what it is --

Q. We will do --

A. Excuse me. I would like to finish the answer. It is a question you asked. It is not something we do in toxicology. We don't sit here and say, well, an animal had a high dose study and what level that high dose will cause that high dose effect in humans. In toxicology, that is not the kind of study that is done. It is not the kind of approach that is done. The approach is to take the animal level that causes the tumor and extrapolate it to humans, try to make sure we understand what level it could be caused, the mechanism by which it could cause that tumor, how does it do it, which is very, very important. And the idea is to

extrapolate it to humans because humans have so much variability in how they are going to respond from person to person.

Meanwhile, in the animal studies, we are using strains of animals that we would hope to have a consistent finding and consistent reaction in those animals.

MR. STACK: I move to strike as nonresponsive.

Q. The basic principle question I asked is could you tell the jury in terms of exposure how much a human would have to be exposed to in terms of MTBE in order to have the same effects as the animals in the test that was performed with rats?

THE COURT: I will deny the motion but the witness may answer this question.

A. I'm going to pretty much stay with my last answer. I mean, if you want to sit down and calculate, we can calculate, you know, the levels that were used in the animals and, you know, body weight basis on humans but it is not applicable. It is not done. It is not considered in toxicology in terms of discussing human risk. It is more of an approach that would be used by say an industry representative who wants to say, well, this is a high dose in animals, it will be a high dose in humans. And we have so many chemicals and MTBE is looking more and more like one of those

chemicals that is a low dose chemical. So it doesn't apply.

Q. You have done testing on animals yourself?

A. Long ago, yes, sir.

Q. You tested rats and also tested dogs, didn't you?

A. Actually, I went back and looked at that and I

remember I had tremendous guilt about it, but I actually did not do the testing myself on the dogs. It was done as, there was a physician, Dr. Myers, over at Duke University who was at the time one of the first people to do liver transplants in humans, and as part of his training he was practicing on dogs to learn the process to do it so that it could be safe when he did it in people.

Q. And you were concerned because some of the dogs in those experiments were sacrificed, am I correct?

A. State that again.

Q. I thought you expressed some concern yourself?

A. I did. Working with animals is something that you know, long after the fact I could never conceive of doing it again. It was just -- it was just something that never sat well with me, which is part of the reason that I do what I do today.

Q. Now, with regard to all the testing that you did and your experience, you have never tested MTBE in

a lab; is that correct?
A. No, sir.
Q. You only tested the polycyclic aromatic hydrocarbons, am I correct?
A. Yes.

Q. And you told the jury that the results of animal testing are relevant to toxicological analysis, am I correct?
A. Could you restate that?
Q. That in the context of your opinions, you consider animal testing results as relevant and that generally, in a practice of toxicology, people look at and accept the results of animal testing, am I correct?
A. Yes. Thank you for rephrasing that.
Q. And with respect to the testing process, one of the things you look at is the mechanism that causes a problem, am I correct?
A. If you can, yes.
Q. And with respect to toxicological testing, there are some tests which have been qualified, maybe even rejected because the mechanism of carcinogenicity has no relevance to mankind, right?
A. Yes, sir.
Q. And with respect to the testing that has been done so far, we certainly know and everyone knows that testing in animals and humans sometimes have different results; things that are toxic to animals are not

necessarily toxic to humans and vice versa, correct?
A. Yes, sir.
Q. The people who own dogs and I believe, as I

recall, you own a g too?
A. Cat.
Q. Did?
A. Cat.
Q. And you know that Theobromine is toxic to dogs and Theobromine is something that everybody who loves their -- there are probably a lot of people in the jury that love chocolate and one of the primary ingredients of chocolate is Theobromine, which is fatal to dogs, correct?
A. Correct.
Q. So it is toxic to dogs but not to humans, right?
A. I haven't studied that that much. So I will grant you that.
Q. And with respect to the tests of animals, you also know that there are needs to check the findings? You talk about how the group, which we refer to as OEHHA in California, reviewed the findings and conclusions of the Tox studies that you are relying on, am I correct?
A. Yes.
Q. And they looked at a variety of factors and I want to mention a couple of them because we are going

to talk about them in light of some of the studies you

are relying upon. They talk about the incidences of cancer in a control group. A control group is a group of animals that aren't exposed, correct?

A. Yes, sir.

Q. And what you try to do is try to look at animals in a controlled group and compare them to the exposed group and see whether or not there are any incidences of cancer, or whatever the outcome is you are looking for in a controlled group and compare it to what happens to the test group, am I right?

A. Yes.

Q. Test group is the group that you actually have exposed to the chemical, correct?

A. Yes, sir.

Q. And with regard to the incidence of cancers in the control group, some of these strains of rats that you talked about, the Sprague Dawley rat, the T 344 and --

A. Fisher 344.

Q. Fisher 344, those animals can spontaneously develop cancer, am I correct?

A. Yes, sir.

Q. And they spontaneously developed cancer, am I right?

A. To a certain degree, yes.